

LAW OFFICES OF JOHN K. DEMA, P.C.
ATTORNEYS AT LAW

JOHN K. DEMA
ADMITTED USVI
jdema@demalaw.com

SCOTT E. KAUFF, OF COUNSEL
ADMITTED DC-MD-NJ-PA
skauff@demalaw.com

16 November 2021

Via Certified Mail, Return-Receipt Requested

Regional Freedom of Information Officer
U.S. EPA, Region 2
290 Broadway, 26th Floor
New York, NY 10007-1866
212-637-3668

RE: Freedom of Information Act Request

Referencing: *EPA Region 2 Letter from Dore LaPosta, Director of Enforcement and Compliance Assurance Division, to All Potential Buyers of Limetree Bay Refinery, c/o Elizabeth A. Green, of September 24, 2021 at VII and VIII.*

Dear Freedom Of Information Officer:

Pursuant to the Freedom of Information Act, 5 U.S.C. § 552, and 40 C.F. R., Part 2, I hereby request documents pertaining to the following:

Copies of all documents, in the possession of the U.S. EPA, Region 2, including but not limited to, correspondence, communications, emails, telephone logs, reports, and notes, including those that exist electronically, that were created on or after January 1, 2016, and pertain in whole or in part to the subjects listed below.

- 1) The investigation, discovery and analyses of new (non-legacy) contamination detected in the groundwater below the Limetree Bay Refinery, Terminal and environs, and not covered by the RCRA Permit as stated in Section VII of the above referenced letter;
- 2) The activities, both past and ongoing, related to determining whether the non-legacy groundwater contamination, as stated in Section VII of the above referenced letter, was the result of releases from the Limetree Bay refinery, terminal, or both;

- 3) The determination that the new (non-legacy) contamination is separate and distinct from the legacy contamination from HOVENSA's operations as stated in Section VII of the above referenced letter; and
- 4) The August 13, 2021 EPA letter to Limetree Bay notifying them of potential violations of the Clean Water Act as stated in Section VIII of the above referenced letter. Documents responsive to this request should include copies of all documents referenced in the August 13, 2021 letter.

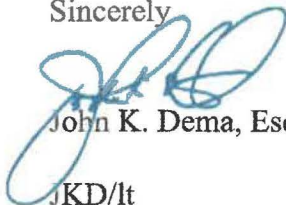
I agree to the payment of all charges incurred in accordance with 43 C.F.R. Part 2, Subpart G and the OMB Fee guidelines up to a maximum of \$1,000.00. If you expect fees to exceed this amount, or you need further explanation of the nature or scope of this request, please contact me at 340-773-6142, or by email at ltomas@demalaw.com.

In the event that some of the documents that I have requested are not disclosable in their entirety, I request that you release all segregable nonexempt portions of the documents and all parts of the documents that can be rendered disclosable by redaction. As to any documents or portions of documents that are exempt from disclosure, please identify each document or portion thereof that is being withheld and state with specificity the legal and factual basis for each withholding.

I would prefer that all responsive documents be forwarded to me electronically at ltomas@demalaw.com.

I appreciate your cooperation and assistance in this matter and look forward to your response within the time period required by the Act.

Sincerely



John K. Dema, Esquire

JKD/lt

John K. Dema, PC
1236 Strand Street
Christiansted VI 00820



Freedom of Information Act Request

Regional Freedom of Information Officer
U.S. EPA Region 2
290 Broadway, 26th
New York, NY 10007-1866

U.S. Postal ServiceTM
CERTIFIED MAIL[®] RECEIPT
Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$
Extra Services & Fees (check box, add fee as appropriate)
☐ Return Receipt (hardcopy) \$
☐ Return Receipt (electronic) \$
☐ Certified Mail Restricted Delivery \$
☐ Adult Signature Required \$
☐ Adult Signature Restricted Delivery \$
Postage \$
Total Postage and Fees \$

Postmark Here

Regional Freedom of Information Officer
U.S. EPA Region 2
290 Broadway, 26th
New York, NY 10007-1866

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

7019 2970 0000 0203 8491
7019 2970 0000 0203 8491



CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION

- ☐ Complete items 1, 2, and 3.
- ☐ Print your name and address on the reverse so that we can return the card to you.
- ☐ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Regional Freedom of Information Officer
U.S. EPA Region 2
290 Broadway, 26th
New York, NY 10007-1866

2. Article Number (Transfer from service label)

9590 9402 4899 9032 4652 85

7019 2970 0000 0203 8491

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒

B. Received by (Printed Name) ☐

C. Date ☐

D. Is delivery address different from item 1? ☐
If YES, enter delivery address below: ☐

3. Service Type

<input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail [®] <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail (over \$500)	<input type="checkbox"/> Priority Mail [®] <input type="checkbox"/> Registered Mail [®] <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Return Receipt <input type="checkbox"/> Signature Confirmation [®] <input type="checkbox"/> Signature Confirmation Restricted Delivery
---	---

Domestic Return

\$7.380
US POSTAGE
FIRST-CLASS
062S0008414547
FROM 00820

Regional Freedom of Information Officer
U.S. EPA Region 2
290 Broadway, 26th
New York, NY 10007-1866

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.
Print your name and address on the reverse so that we can return the card to you.
On this card to the back of the mailpiece, the front if space permits.

Addressed to:

Regional Freedom of Information Officer
U.S. EPA Region 2
290 Broadway, 26th
New York, NY 10007-1866

COMPLETE THIS SECTION ON DELIVERY

A. Signature	<input checked="" type="checkbox"/> Agent
X <i>Karl Martine</i>	<input type="checkbox"/> Addressee
B. Received by (<i>Printed Name</i>) <i>K. Martine</i>	C. Date of Delivery <i>12/22/21</i>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	

For delivery information, visit our website at www.usps.com®.

NEW YORK, NY 10007

Certified Mail Fee	\$3.75	0821
--------------------	--------	------

Extra Services & Fees (check box, add fee as appropriate)

☐ Return Receipt (hardcopy)

	Postmark	Here
<input type="checkbox"/> Return Receipt (electronic)	\$ 1.00	\$ 1.00
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ 3.00	\$ 3.00

☐ Adult Signature Required

☐ Adult Signature Restricted Delivery  _____

\$0.58

Total Postage and Fees \$7.50

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

Regional Freedom of Information Officer

U.S. EPA Region 2
290 Broadway 26th
Floor

New York, NY 10007-1866

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

0
1
2
3
4
5
6
7
8
9

Christiansted VI 00820

1236 Strand Street

John K. Dema, PC